TPM Form-1 Revised 1/22/2009

## Transportation Electronic Award Management System (TEAM) Grantee / Recipient User Access Request

Check Applicable Box:	New User With Pin			name	
	New User Without Pin		Delete User		
Warning: The information co	ontained in this form is p	rotected under P	ublic Law 93-579, Privacy Act.		
USER INFORMATION					
			Gender M / F (Optional)		
First Name*	M/I Last Name*		Office Phone* Leav	ve Blank	
Title			FAX Number		
Organization Name*		Recipient ID	Email Address*	•	
Mailing Address(Street Number, Ci	ty, State and ZIP Code)*				
	,		User's Authorizing Signature (see instr	ructions)	
			Printed Name of above	 Date	
*This is information is required to establish knowledge. Invalid information will be grou			u expressly attest that information provided is true and comp.	lete to the best of your	
APPLICATION ACCESS <b>(Chec</b>		raccount or the basis for t	letellon of an existing TEAW account		
Recipient Access Type	Recipient PIN Functions Submit Application		Designated Recipient ID(s) (Ind	Designated Recipient ID(s) (Indicate Below)	
Modify/Update	Execute Awa				
Database	Certify as La	· •			
Production	Certify as Official  Certify as Both Lawyer and Official		Metropolitan Planning Organiza	Metropolitan Planning Organization (MPO) ID	
Quality Assurance	Provide Supplemental Agreement		Metropolitari Tarring Organiza	Wett opontary farming organization (Wil O) 15	
Both Production and QA		•	ature Authority on Organization/Agency Lette	erhead. See instructions).	
ACKNOWLEDGMENT OF RUL				,	
2. I will <i>not</i> permit anyone to use reprivate, not stored in a place that is 3. I will follow standard password pand contain at least one (1) capital 4. I will report any security problem 5. I will notify the appropriate FTA 6. I understand that if I am not using the many equipment by authorized reported agree to and will comply with all on their disciplinary or legal action. Be and provisions and that I accept the Signature	ny TEAM access information ( accessible by anyone other to procedures and change my pa letter and one (1) number. as and anomalies in system pe Office to eliminate my TEAM a ng FTA-supplied equipment ar resentatives of the Federal Go f these conditions and unders y signing my name in the spar	i.e. user ID, password han the myself (i.e. fa ssword every ninety (erformance to the appeacess in the event of hid FTA suffers a seculovernment to determinate that failure to do be below, I hereby act the same.	same level of protection as FTA applications. If or other authentication). My password (or other mily members, friends, etc.). If stored, the passw 90) days. My passwords will be at least eight (8) ropriate FTA Office. job transfer, termination, or if TEAM access is not provided in the causes and to take corrective action(s). so will result in permanent removal of my TEAM knowledge this agreement, and certify that I under the causes.	vord will not be in text format. ) alphanumeric characters  o longer required. be required to allow access  access, and may result in	
FTA AUTHORIZATION					
FTA Functional Approval		, ,	FTA Operational Approval		
Signature of Authorizing FTA Offici	al		Signature of Authorizing FTA Official		
Printed Name		_	Printed Name		
Title / Office		_	Title / Office		
			// Date Processed UserID PI	IN	